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TRANSMITTAL FORM

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Total Number of Pages in This Submission 343

| | |
|------------------------|------------------|
| Application Number | 10/600,061 |
| Filing Date | June 20, 2003 |
| First Named Inventor | LINA, Cesar Z. |
| Art Unit | 3761 |
| Examiner Name | HAND, Melanie Jo |
| Attorney Docket Number | VAC.5671.US |

ENCLOSURES (Check all that apply)

- | | | |
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| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC. (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form used in lieu of PTO/SB/08A/B (3 pgs); Cited References (335 pgs); Acknowledgement Postcard. |
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Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|------------------------|----------|--------|
| Firm Name | Kinetic Concepts, Inc. | | |
| Signature | | | |
| Printed name | Robert W. Mason | | |
| Date | August 8, 2007 | Reg. No. | 42,848 |

CERTIFICATE OF TRANSMISSION/MAILING

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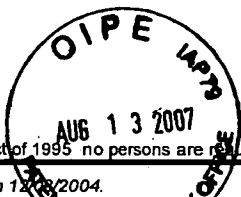
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| Signature | | | |
| Typed or printed name | Gerri Pieper | Date | August 8, 2007 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Attorney Docket No. VAC.5671.US

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.H./



PTO/SB/17 (07-07)

Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 180.00**Complete if Known**

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|----------------------|------------------|
| Application Number | 10/600,061 |
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| Art Unit | 3761 |
| Attorney Docket No. | VAC.5671.US |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 500326 Deposit Account Name: Kinetic Concepts, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

| | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | |
|---------------------|---------------------|-----------------|----------------------|--------------------------------------|
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
| - 20 or HP = _____ | x _____ | = _____ | | Fee (\$) Fee Paid (\$) |

HP = highest number of total claims paid for, if greater than 20.

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| - 3 or HP = _____ | x _____ | = _____ | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = _____ | / 50 = _____ | (round up to a whole number) x _____ | = _____ | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): IDS Late Filing Surcharge **Fees Paid (\$)** 180.00**SUBMITTED BY**

| | | | |
|-------------------|------------------------|---|------------------------|
| Signature | <u>Robert W. Mason</u> | Registration No. (Attorney/Agent) 42,848 | Telephone 210-255-6271 |
| Name (Print/Type) | Robert W. Mason | Date August 8, 2007 | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket No. VAC.5671.US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/600,061 Confirmation No.: 5656
Applicant : LINA, Cesar Z.
Filed : June 20, 2003
TC/A.U. : 3761
Examiner : HAND, Melanie Jo
Docket No. : VAC.5671.US
Customer No.: 60402

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
UNDER 37 C.F.R. § 1.97

Dear Sir or Madam:


In compliance with the duty of disclosure set forth in 37 C.F.R. §1.56, Applicant is submitting one form used in lieu of PTO/SB/08A/B (3 pages) along with cited references therein. This Supplemental Information Disclosure Statement is being filed in accordance with 37 C.F.R. §1.97(c)(2). The Commissioner is authorized to charge any required fees to Deposit Account No. 500326.

Under 37 CFR 1.98 (a)(2)(ii) no copies of any mentioned U.S. patents and U.S. patent application publications are submitted. However, if the Office requires copies, applicant will provide in a timely manner.

08/14/2007 WABDELRI 00000028 500326 10600061
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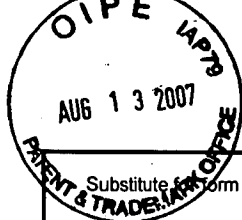
Applicant respectfully requests full and proper consideration of the listed information during examination of the application, and that the listed information be printed on any patent that issues therefrom.

Respectfully submitted,

A handwritten signature in black ink that reads "Robert W. Mason". The signature is written in a cursive style with a horizontal line underneath it.

For Applicant

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| Substitute for Form 1449/PTO | | | Complete if Known | | |
| INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | | Application Number | 10/600,061 | |
| | | | Filing Date | June 20, 2003 | |
| | | | First Named Inventor | LINA, Cesar Z. | |
| | | | Art Unit | 3761 | |
| | | | Examiner Name | HAND, Melanie Jo | |
| Sheet | 1 | of | 3 | Attorney Docket Number | VAC.5671.US |

| U.S. PATENT DOCUMENTS | | | | | |
|-----------------------|--------------------------|--|--------------------------------|--|---|
| Examiner Initials* | Cite No. ¹ | Document Number | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
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| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear | T ⁶ |
| | | Country Code ³ -Number ⁴ -Kind Code ⁵ (if known) | | | | |
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| Examiner Signature | /Melanie Hand/ | Date Considered | 06/17/2008 |
|-----------------------|----------------|--------------------|------------|

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| Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | | Complete if Known | | |
| | | | Application Number | 10/600,061 | |
| | | | Filing Date | June 20, 2003 | |
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| | | | Art Unit | 3761 | |
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| Sheet | 2 | of | 3 | Attorney Docket Number | VAC.5671.US |

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| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear | T ⁶ |
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

| NON PATENT LITERATURE DOCUMENTS | | | | |
|---------------------------------|-----------------------|---|----------------|--|
| Examiner Initials | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T ² | |
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| Examiner Signature | /Melanie Hand/ | Date Considered | 06/17/2008 |
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| Sheet | 3 | of | 3 | Attorney Docket Number | VAC.5671.US |

| NON PATENT LITERATURE DOCUMENTS | | | | |
|---------------------------------|-----------------------|---|--|----------------|
| Examiner Initials | Cite No. ¹ | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | | T ² |
| | 12 | DAVYDOV, YU. A., et al; "Vacuum Therapy in the Treatment of Purulent Lactation Mastitis"; Vestnik Khirurgi, May 14, 1986, pp.: 66-70, and 9 page English translation thereof. | | |
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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| | | | |
|--------------------|----------------|-----------------|------------|
| Examiner Signature | /Melanie Hand/ | Date Considered | 06/17/2008 |
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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /M.H./